

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Alltond Some	<u> </u>	Date of Requ	uest: <u>4-29</u>	-05
JD#	Date of B	irth: <u>******</u> / 27 で :	Location: 💍	2 - 47
Nature of problem or request: <u>I</u>	Was Car	& Chronic	Care on +	he 1824
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(S)ubjective:	*			
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(P)lan:	***			
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Refer to: MD/PA Mental Healt	th Dental D	aily Treatment	Return to Clin	io DDN
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If Emergency was PHS super	ervisor notified	: Yes () No	o ()	
was MD/PA	on call notified	: Yes () No	o ()	
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WHITE: INMATES MEDICAL EL		CALL ONE MINE	, 111 <i>LL</i>	

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT GLF-1002 (1/4)